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**APPLICANTS**

Saul Shiffman, Pittsburgh, PA;  
 Michael R. Hufford, Pittsburgh, PA;  
 Jean A. Paty, Pittsburgh, PA;

\*\* CONTINUING DATA \*\*\* C-9 none

\*\* FOREIGN APPLICATIONS \*\*\* C-9 none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature C-9	Initials			

**ADDRESS**

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**TITLE**

Apparatus and method for prediction and management of subject compliance in clinical research

FILING FEE RECEIVED 853	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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